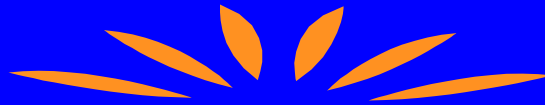




*A Model of Care for Trauma-Informed &
Trauma-Sensitive Services:
The WELL & WELL Child Projects*



Norma Finkelstein, Ph.D.

Missouri Spring Training Institute

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Good Afternoon

My name is _____.

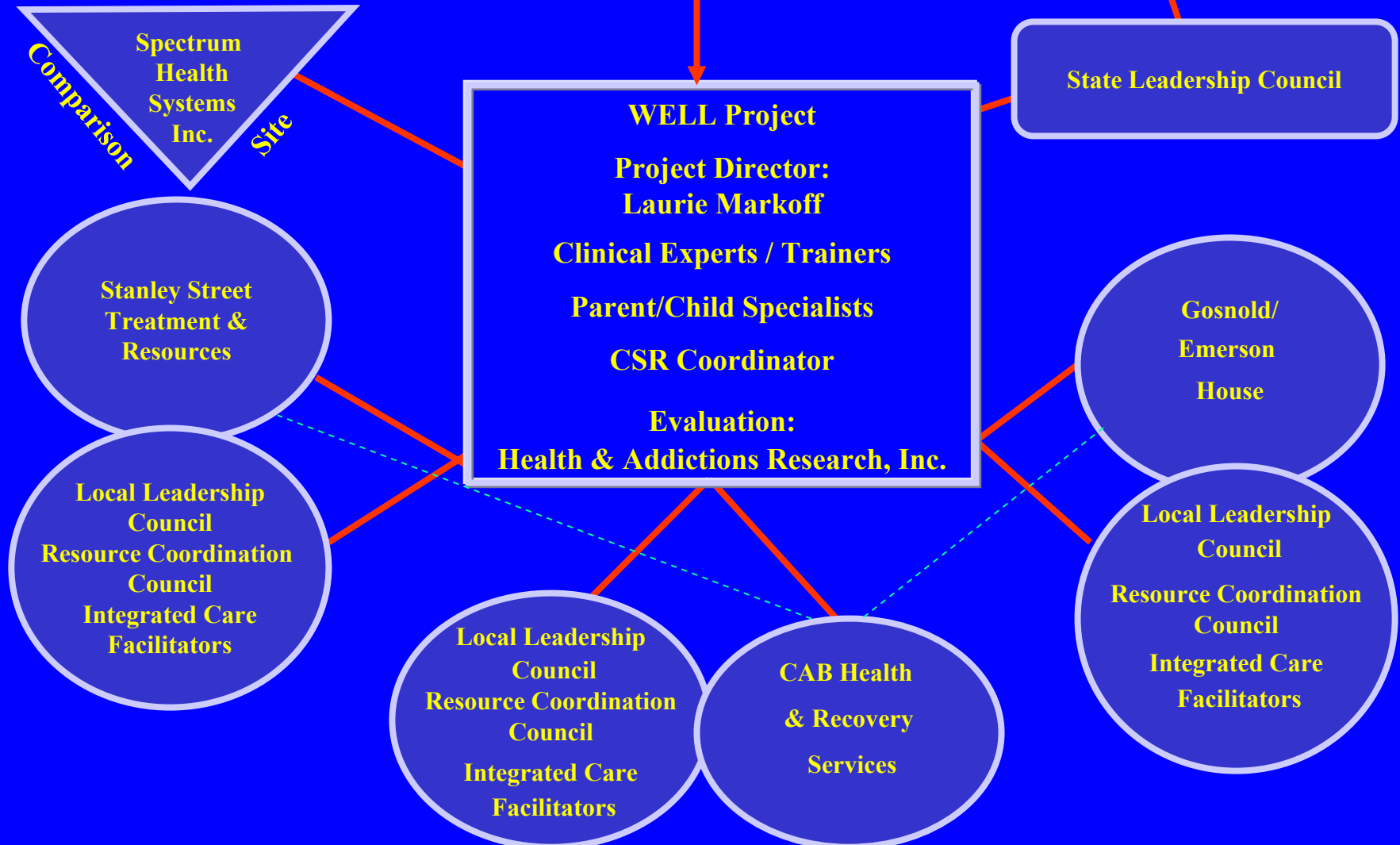
One way I nurture myself is _____.

**One way I wish I nurtured myself
better is _____.**



WELL Project: Organizational Chart

Institute for Health & Recovery
Executive Director: Norma Finkelstein, Principal Investigator





WELL Study Participants

- **Integrated - 218**
- **Comparison – 110**



WELL Project Client Interventions

- **Integrated Care Facilitators**
- **Interagency Service Planning / Resource Coordination Councils**
- **Trauma groups: *Seeking Safety***
- **Peer-led mutual-help groups – *WELL Recovery***
- **Consumer leadership training**
- **Parenting intervention: *Nurturing Families Effected by Substance Abuse, Mental Illness & Trauma***
- **Integrated supervision**



Integrated Care Facilitators

- 1.5 ICF's at each site (3)
- Family & strength-based resource coordination, case management & advocacy
- Followed for length of project
- Responsible for integrating a woman's treatment in substance abuse, mental health & trauma
- Coordinate with site clinicians
- Can call for ISP
 - RCC's – 68 over 2 ½ years



Trauma Groups

- **Piloted a number of group models – *TREM*, Victims of Violence (Judith Herman) *Seeking Safety***
- **Capacity building model**
- **Began with agency wide training, then facilitator training**
- **All sites now have numerous staff trained in Seeking Safety**
 - **Gosnold – staff attitude differences towards self-harming**



Trauma Specific Groups

- **Maxine Harris – Trauma Recovery & Empowerment**
(TREM)
- **Lisa Najavitz – *Seeking Safety***
- **Dusty Miller – Addiction & Trauma Recovery**
Integration Model *(ATRIUM)*
- **Julian Ford – Trauma Adaptive Recovery Group**
Education & Therapy for Persons in Recovery from
Addiction *(TARGET-AR)*
- **Stephanie Covington – *Helping Women Recover***



Key Principles of Seeking Safety

- *Safety* as the goal for first-stage treatment [later stages are mourning & reconnection]
- *Integrated* treatment [treat both disorders at the same time]
- *A focus on ideals* to counteract the loss of ideals in both PTSD & substance abuse
- *Four content areas:* cognitive, behavioral, interpersonal, case management
- *Attention to therapist processes:* balance praise and accountability; notice countertransference [sadism, scapegoating, victimization, giving up on patients]; all-out effort; self-care



The Seeking Safety Treatment

About Seeking Safety

- ❖ A present-focused therapy to help patients attain safety from both PTSD & substance abuse
- ❖ 25 topics that can be conducted in any order:

Interpersonal Topics

- Honesty
- Asking for Help
- Setting boundaries in relationships
- Getting others to support your recovery
- Healthy relationships
- Community resources



The Seeking Safety Treatment

Cognitive Topics:

- PTSD: Taking back your power
- Compassion
- When substances control you
- Creating meaning
- Discovery
- Integrating the split self
- Recovery thinking

Behavioral Topics:

- Taking good care of yourself
- Commitment
- Respecting your time
- Coping with triggers
- Self-nurturing
- Red and green flags
- Detaching from emotional pain [grounding]



The Seeking Safety Treatment

Other Topics:

- Introduction / case management
- Safety
- Life choices
- Termination

❖ *Designed for flexible use:*

Can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings.



Additional Features

- *Trauma* details not part of group therapy; in individual therapy, assess patient's safety & monitor carefully [particularly if has history of severe trauma, or if patient is actively using substances]
- *Identify* meanings of substance use in context of PTSD [e.g., substance use as revenge against abuser; reenactment of abuse toward self; to remember feelings or memories; to numb out feelings or memories; to live; to die]
- *“Optimistic”*: focus on strengths & future



Additional Features

- *Help* patients obtain more treatment & attend to daily life problems [housing, AIDS, jobs]
- *Harm* reduction model
- *12-step* groups encouraged, not required
- *Give* patients control whenever possible
- *Make* the treatment engaging: quotations, everyday language
- *Emphasize* core concepts [e.g., “You can get better”]



WELL Recovery

- **Consumer developed peer led-mutual help group for women with mental illness, substance abuse & trauma**
- **Developed by WELL CSR Coordinator & Director of Peer Educator's Project (VINFEN)**
- **Modified after “double trouble” groups - “triple trouble groups”**
- **Underlying principles are mutual support, patience, tolerance, understanding & hope**



- Facilitators are consumers paid by *VINFEN* to be present at every meeting, set up group room, greet people, describe group format, pick chairperson – make sure mission & principles generally followed
- Chairperson – rotating, how often left to group – opens meeting, shares her experience, provides direction
 - Groups run for 1 – 1 ½ hours



Chairperson chooses topic

- **Empowerment**
- **Relationships**
- **Positive and negative boundaries**
- **Strengths**
- **Safety**
- **Diversity**
- **Wellness**
- **Hope**
- **Trust**
- **Creating meaning**
- **Triggers**
- **Blame, acceptance & forgiveness**
- **Self-esteem**
- **Feelings**
- **Stress**
- **Grief**
- **Fun / pleasure**
- **Stigma**
- **Self-advocacy**
- **Family**



Consumer Leadership Training

- Specific training in advocacy skills
- LLC & SLC participation
- Group facilitation
 - WELL Recovery
 - WELL Child



Parenting

- **Nurturing Families Affected by Substance Abuse, Mental Illness & Trauma**
- **Adapted from IHR's Nurturing Program for Families in Substance Abuse Treatment and Recovery**
 - **On CSAP's Model / Promising Programs List**
- **Integration of information, activities on mental illness & trauma**
- **Removal of some sections considered problematic for some trauma survivors (i.e. grief and loss exercise)**



Incorporates understanding of factors related to substance abuse & mental illness which affect parent-child relationship

- *Childhood experiences*
 - Parental substance abuse, mental illness**
 - Physical / sexual abuse**
- *Shame & guilt*
- *Inadequate self-care skills*
 - Physical / mental health**
 - Recognizing & managing emotions**
 - Calming, self-soothing**
- *Trauma*
- *Empathy & self-empathy*



Values Guiding the Nurturing Program Are:

- **Love of life & learning**
- **Respect for self, others & the environment**
- **Fun & laughter**
- **Recovery happens in families & in relationships, as well as in the individual**
- **Parenting is a relationship, not only a set of skills**
- **Nurturing oneself is the first step toward nurturing others**



Parenting Is a Relationship Within a Family

Nurture The Parent



Nurturing the Parent

- **Providing structure**
- **Encouraging growth**
- **Physical, mental & spiritual nourishment**
- **Create opportunities to build connectedness**
- **Create a safe place for self-exploration & building self-awareness**
- **Participation**
- **Creativity and Fun**



Format:

- **Module I: One-on-one mentoring and intensive skill building**
- **Module II: Group curriculum: 12 – 16 sessions, 90 minutes each**
- **Module III: Parent-child skill building activities**



Topics

- **Hope**
- **Building trust**
- **Self-esteem**
 - Children's self-esteem
- **Setting boundaries**
- **Family communication**
- **Feelings: ways to manage and cope**
 - Children's feelings
- **Managing stress**
 - Managing children's stress
- **Guiding behavior**
- **Schedules & routines**
- **Safety & protecting children**
- **Helping families grieve**
 - Impact of substance abuse, mental illness & violence on children
- **Having fun**



VIDEO: Nurturing Program



SAMHSA Women Co-Occurring Disorders & Violence: Children's Sub-Study

Goal:

To generate knowledge on the effectiveness of a trauma-informed service intervention model for children of women with co-occurring disorders and histories of trauma

***Four sites:* Cross site study with common protocol**

Each site has:

- **30 Intervention**
- **30 Comparison**

Dates:

- **October 2000 – September 2003**



Target Population

- **Children [age 5 to 10 years old] of women enrolled in the Women, Co-Occurring Disorders and Violence Study**
- **Woman must be caregiver [not necessarily primary] to child**
- **Must have at least weekly contact with child [can be in-person or via telephone]**
- **Siblings can participate in group but only 1 child [most accessible or by birth date closest to program entry date] can be in study**



Core Interventions

- **Screening / Assessment**
- **Service Coordination / Advocacy**
- **Skill building / Resiliency promoting group**
 - **Includes safety planning**



Hypothesis / Research Question(s)

Do trauma informed age specific interventions for children including concurrent services for mother and child as compared with children's services as usual yield:

- **Increased self awareness, self worth & self identity**
- **Increased healthy relationships**
- **Improved self care**
- **Improved safety**



The Children's Study Is Guided by the Following Core Values Children Are Entitled To:

- 1. Having their voices heard**
- 2. Being physically safe**
- 3. Experiencing consistency**
- 4. Having a sense of dignity & self-worth**
- 5. Having control over their bodies**
- 6. Receiving respect, understanding, compassion, & support**
- 7. Having nurturing relationships with adults in their lives**
- 8. Having confidentiality respected, except when issues of safety arise**
- 9. Connecting to community & natural supports**



Children's Group Intervention

** Adapted from Groupwork With Children of Battered Women, Peled & Davis, Sage Publications, 1995*

Orientation – With mothers and children

Week 1: Getting to know each other/message:
it's okay to feel & express feelings*

Week 2: What is abuse?

Week 3: Anger

Week 4: It's not always happy at my house

Week 5: Sharing personal experience with
violence



Children's Group Intervention

Week 6: Touch

Week 7: Assertiveness

Week 8: Protective Planning

Week 9: Review and good-bye

**Booster Session (1) – 30 days post –
Review week 2 (abuse)**

**Booster Session (2) – 60 days post –
Review week 8 (safety planning)**



Children's Group Intervention

- **Message of the week**
Example: "Abuse & violence are not okay"
- **Check-in**
- **Feeling of the day:**
Example: "Sad"
- **Activities & process**
- **Personal affirmation**
- **Pass the squeeze**
- **Snack**
- **Reward / reinforcement**



Major Group Goals

- 1. To “*break the secret*” of abuse in their families**
- 2. To learn to protect themselves**
- 3. To experience the group as a positive and safe environment**
- 4. To strengthen their self-esteem**



WELL Child: Lessons Learned

- **Family focus necessary**
- **Mothers need to be actively involved**
 - **Trust building**
- **Work as a team**
 - **Reduces fears, guilt, shame**



Lessons Learned

- **Thorough group orientation**
- **Complete honesty**
 - **What curriculum covers**
 - **Prepare mothers for some “*backlash*”**
 - **Child abuse reporting issues**
- **CSR – involvement in project essential as support for mothers**



Lessons Learned

- **Address staff fears – Group “*too much for kids*”**
 - **Describe group carefully as skill building not “*trauma group*”**
- **Problems of short term groups with kids**
 - **Resiliency – adult relationships**
 - **Reunion groups**
 - **Continuing contact**
- **Re-run curriculum**



Lessons Learned

- CCA as the “*safe person*”
 - Connecting with other “*safe*” adults, programs, activities